

1 STATE OF MARYLAND  
2 Office of Adult Services  
3 Social Services Administration  
4 Maryland Department of Human Resources  
5 INVITATION FOR BIDS (IFB)  
6 FOR  
7 IN HOME AIDE SERVICES  
8  
9 DHR AGENCY CONTROL NUMBER SSA/IHA/09-001-S  
10 \* \* \* \* \*  
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15 The above-entitled matter came on for a  
16 preproposal conference on Friday, May 1st, 2009,  
17 commencing at 10:10 a.m., at Maryland Department of  
18 Social Services, 7121 Columbia Gateway Drive,  
19 Columbia, Maryland.  
20

21 DHR AGENCY REPRESENTATIVES:

22 Fran Avallone, Procurement Officer  
23 Larry C. Ingram, Program Manager,  
24 Hiring Agreement Programs  
25 Debbie Cunzeman, Program Specialist,  
26 Office of Adult Services, Social Service  
27 Administration  
28 Sherryl Gray, Operations Manager,  
29 Office of Adult Services  
30

31 Reported by: Sharon A. Beaty, CSR

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1 P R O C E E D I N G S  
2 MS. AVALLONE: Good morning, my name is  
3 Fran Avallone, I'm with the Department of Human  
4 Resources and I am the procurement officer for this  
5 IFB. I'm your sole point of contact. Any

6 questions you have, please e-mail them to me so  
7 that we can answer them, and hopefully you gave me  
8 your e-mail address, but when you send me an e-mail  
9 give me your e-mail address.

10 Today we would like to also thank  
11 anybody here that's from Howard County for letting  
12 us use their facility since it's large and has a  
13 lot of parking for everyone that came. Today we  
14 will share information concerning the IFB entitled  
15 In Home Aide Services. Agency number for this IFB  
16 is SSA slash IHA dash 09 dash 001 dash S.

17 Please note that the lady here is from  
18 Gore-walls recording our IFB conference, and this  
19 will be made available to you when the questions  
20 are out, sent through the Internet and through  
21 eMarylandMarketplace, we will put this out also.

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1 Like I said, I'm Fran Avallone and I'll let  
2 everyone introduce themselves that are here.

3 MS. LADOTA: Fran, can you confirm your  
4 e-mail address? Is it spelled differently than  
5 your name?

6 MS. AVALLONE: Yes. They left out one  
7 L.

8 MS. LADOTA: Okay. I just wanted to  
9 make sure.

10 MS. CUNZEMAN: I'm Debbie Cunzeman, I'm  
11 with DHR Office of Adult Services, I'm the In Home  
12 Aide program specialist.

13 MS. GRAY: Good morning, I'm Sherryl  
14 Gray with the Office of Adult Services, I'm the  
15 operations manager.

16 MR. INGRAM: Good morning, I'm Larry  
17 Ingram, program manager of hiring agreements with  
18 DHR.

19 MS. AVALLONE: Would you all like to  
20 introduce yourselves?

21 (Prospective bidder introductions made.)

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1 MS. AVALLONE: The Maryland Department  
2 of Human Resources, Social Service Administration,  
3 Office of Adult Services, intends to award multiple  
4 contracts to qualified vendors for the provision of  
5 In Home Aide Services. This will include personal  
6 care, chore services, respite care and nursing  
7 evaluation and supervision services in the  
8 jurisdictions listed below DSS, local Departments  
9 of Social Service. In Home Aide Services are  
10 provided in the homes of persons who are eligible  
11 for DHR in-home services and in the homes of  
12 individuals who have been determined to have  
13 functional disabilities as defined in COMAR  
14 07.06.12.02B(6) -- it's also on the, it's an  
15 attachment in the IFB -- who cannot perform  
16 activities of daily living such as dressing,  
17 bathing, eating, toileting, transferring from bed  
18 to chair and other assistance. Contracts awarded  
19 will be for a five-year period of time beginning on

20 September 1st, 2009 and will end on or about June  
21 30th, 2014.

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1 The counties that we will be looking at  
2 are Baltimore County, Baltimore City, Calvert  
3 County, Caroline County, Carroll County, Cecil  
4 County, Charles county, Dorchester County,  
5 Frederick County, Garrett County, Harford County,  
6 Howard County, Kent County, Prince George's County,  
7 Queen Anne's, Somerset, Talbot, St. Mary's,  
8 Washington, Wicomico and Worcester, all counties.  
9 Allegany, Anne Arundel and Montgomery Counties have  
10 local arrangements for service provisions and are  
11 not included in the solicitation.

12 A roster of successful bidders from  
13 lowest to highest bid will be made available to  
14 each LDSS for use. Each contract bid will  
15 determine the contractor's order and placement on  
16 the roster. For example, the lowest bid offered  
17 will result in the highest place in the roster of  
18 available contracts provided and so on. Bidders  
19 can propose to serve more than one jurisdiction;  
20 however, a separate bid must be submitted for each  
21 jurisdiction proposed to serve. Each bid must be

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1 submitted in separately sealed envelopes. Included  
2 in the envelope bid -- include on the envelope

IFB Transcript 5-1-09

3 bidder's name, jurisdiction for service. The  
4 closing date and time of receipt for proposals is  
5 12 o'clock Monday, May 11th. Bid opening is  
6 Monday, May 11th at 1 o'clock at Department of  
7 Human Resources, 311 West Saratoga Street, Room  
8 104, Baltimore. The closing date to receive  
9 questions is Wednesday, May 6th at 12 o'clock.  
10 However, days may be extended, so -- if so, an  
11 amendment to the IFB will be issued and posted on  
12 the DHR net and eMarylandMarketplace.

13 Offerors must be certain that all tax  
14 obligations with SDAT, that's the State Department  
15 of Assessment and Taxation, have been met. Failure  
16 to do so may result in your proposal being deemed  
17 unacceptable.

18 Okay. Now we're going to go to the MBE  
19 part and I'm not the liaison but they gave me a  
20 script so there may be some questions.

21 ATTENDEE: Excuse me. As you're reading

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1 could you let us know where you're reading from?

2 MS. AVALLONE: These are just notes that  
3 I --

4 ATTENDEE: I didn't know whether it was  
5 this packet. I was trying to read along.

6 MS. AVALLONE: When you speak please say  
7 your name and who you're with, when you ask a  
8 question so the lady that's reporting can put down  
9 your name. I'm sorry, that was my fault.

10 All right. The MBE discussion cover is  
11 from 2.25 through 2.30 in the invitation for bid.  
12 Highlight for this section. 2.25, minority  
13 businesses are encouraged to respond to this  
14 invitation for bid. Any state certified MBE in the  
15 meeting, please identify by showing of hands. If  
16 time is available after the prebid conference  
17 network with other businesses present at the prebid  
18 conference.

19 2.26. The Department of Human Resources  
20 is responsible for reporting procurement activity  
21 with all minority businesses to the Governor's

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1 Office of Minority Affairs. All bids shall  
2 complete the Minority Business Enterprise Report,  
3 Attachment F.

4 2.28, a 10 percent MBE goal has been  
5 established for this procurement.

6 2.29B. Contact -- Contractor's  
7 Responsibilities. Bidders agree to exercise all  
8 good faith efforts to carry out the requirements  
9 set forth in this invitation for bid. Pay close  
10 attention to (a) through (d) in this section.

11 2.29C. A bidder must include with its  
12 offer certified MBE Utilization and Fair  
13 Solicitation Affidavit, Attachment G, and MBE  
14 Participation Schedule, Attachment H. Please note  
15 information in bold. Failure of a bidder to  
16 complete and submit Attachments G and H shall

17 result in determination that the bid is not  
18 responsive, which means if this is not filled out  
19 we will throw your bid out. That is set, that  
20 comes from the Department of -- down in Annapolis,  
21 they tell us. Yes, ma'am. Your name?

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1 MS. LADOTA: Cheryl Ladota, Family and  
2 Children Services. If we're current contractors  
3 and we have current MBE affiliation, do we still  
4 have to go out and seek bids again?

5 MS. AVALLONE: If they meet your 10  
6 percent goal you can submit them with this. But  
7 you still have to fill out the forms. If they're  
8 not submitted --

9 MS. LADOTA: Okay.

10 MS. AVALLONE: -- within 10 working days  
11 the following forms are required: Outreach Efforts  
12 Compliance, Attachment I, Subcontractor Project  
13 Participation Statement, Attachment J, fully  
14 documented waiver request, any other documents  
15 required by the procurement officer. Please pay  
16 attention to the information in bold. If the  
17 apparent awardee fails to return each completed  
18 document within the required time, the procurement  
19 officer may determine that the apparent awardee is  
20 not responsive, not responsible and therefore not  
21 eligible for the contract award. If the contract

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1 has already been awarded, the awardee is violated.

2           2.29D. Amendment of MBE due to  
3 unforeseen circumstances. Any changes to the MBE  
4 contract shall be promptly reported to the  
5 procurement officer before execution of the  
6 contract or DHR project manager after the execution  
7 of the contract.

8           2.29F. Waiver. Pay close attention to  
9 documentation required for waiver as listed in this  
10 section.

11           2.3. Prompt payment. This section  
12 deals with paying subcontractors in a timely manner  
13 for compliance of work.

14           Does anybody have any questions? If you  
15 do, just e-mail them to me so that I can give  
16 them -- so that I can forward them to the liaison  
17 and she can respond to them.

18           Okay. The next thing is the living  
19 wage. This was set up by Governor O'Malley and it  
20 was signed in October 1, 2007, it's a new law that  
21 you must abide by. The living wage law requires

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1 certain contractors and subcontractors to pay  
2 minimum wage rates to employees working under  
3 certain state service contracts. This law requires  
4 the payment of a living wage of either \$11.72 per  
5 hour or \$8.81 per hour depending upon the



6 jurisdiction where the services are performed. The  
 7 Maryland Department of Labor, Licensing and  
 8 Regulation is responsible for establishing the wage  
 9 rates and ensuring compliance with the law. The  
 10 law only applies to contracts awarded after October  
 11 1st, 2007. There are two wage tiers established in  
 12 Maryland. Tier one includes Montgomery County, PG  
 13 County, Howard County, Baltimore County, Baltimore  
 14 City and Anne Arundel County. Tier 2 is comprised  
 15 of the counties not included in Tier 1. The living  
 16 wage rate for Tier 1 is \$11.72 per hour, the rate  
 17 for Tier 2 is \$8.81 per hour. If a business has  
 18 operations in areas with two different wage tiers,  
 19 the rate you pay is determined by the areas where  
 20 50 percent or more of the total contract value is  
 21 performed. If the employees who perform the

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1 services are not located in either Tier 1 or Tier  
 2 2, the living wage rate will be based upon where  
 3 the majority of the recipients and the services are  
 4 located. For more information if you have any  
 5 questions concerning the Maryland living wage,  
 6 please refer to the handout you received today or  
 7 contact Charles Krebs at the Department of Labor,  
 8 Licensing and Regulations. His telephone number is  
 9 410-767-2394. Anybody have any questions about the  
 10 living wage? Yes, ma'am.

11 MS. WILSON: would you go back and the  
 12 gentleman's name -- Sharon Wilson, I'm sorry,

13 Dorchester County. I'm trying to read along where  
14 you're reading and I found out you were just on  
15 page 19 of this information and I didn't, I don't  
16 see the gentleman's name or number, so he --

17 MS. AVALLONE: Okay. His name is  
18 Charles Krebs, K-R-E-B-S. And he's with the  
19 Department of Labor, Licensing and Regulation. His  
20 number is 410-676-2394. Yes.

21 MS. WORKMAN: Rhonda Workman with

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1 Elizabeth Cooney Personnel Agency. If you're  
2 considering all the counties is 50 percent of the  
3 services in the Tier 1?

4 MS. AVALLONE: Each contract that you  
5 submit, which will be for whatever county you'll be  
6 doing, that's where you will do it. So if you're  
7 doing one for Montgomery County it will be Tier 1,  
8 is that correct? Tier 1, which is the highest.  
9 Yes, they will be at \$11.72. If you do one for  
10 Somerset County, they will be \$8.81.

11 MS. WORKMAN: So in essence we could  
12 have multiple, we could have Tier 1 and Tier 2  
13 rates?

14 MS. AVALLONE: Yes. It all depends on  
15 the contract that you're submitting for, which  
16 county you're doing.

17 MS. WORKMAN: Got it. Thanks.

18 MS. LADOTA: Cheryl Ladota, Family and  
19 Children Services. What if you're exempt from

20 having to pay the living wage?

21 MS. AVALLONE: You're exempt because --

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1 MS. LADOTA: I'm nonprofit.

2 MS. AVALLONE: There's a place in one of  
3 the forms that you would put that, check yes that  
4 you are nonprofit, that you're exempt. In one of  
5 the MBE forms that you have to fill out you can put  
6 there that you're not, you're exempt and that you  
7 are nonprofit.

8 MR. ABEYA: I'm Ed Abeya with Encore.  
9 You said if you're doing one with Montgomery County  
10 and it's Tier 1, but I think this IFB does not  
11 include Montgomery County. I just want to make  
12 sure because I have some clients in Montgomery  
13 County, but I would not include the 50 percent --

14 MS. AVALLONE: This is the way the paper  
15 is filled out because we do it for all contracts.

16 MR. ABEYA: Okay.

17 MS. AVALLONE: I would have to tweak  
18 every one that I do. Any other questions? Okay.

19 We have the hiring agreement and we have  
20 the gentleman that is in charge, I won't be doing  
21 it.

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15

1 MR. INGRAM: Thank you, Fran. Good  
2 morning again. I'm Larry Ingram, program manager

3 of hiring agreements. May I just ask by show of  
4 hands how many of you are familiar with hiring  
5 agreements? All right. A few here and there have  
6 some packets. If you didn't get one I need to hand  
7 you one of these.

8 (Pause in the proceedings.)

9 MR. INGRAM: Hiring agreements. What  
10 are hiring agreements? Hiring agreements in  
11 particular with Senate Bill 686 passed by the  
12 Maryland legislature is found in Section 13-224 of  
13 the State Finance and Procurement Article. If you  
14 would look in your folder, the sheet on the  
15 left-hand side which says solicitation clause, what  
16 we'll do is we'll look at it briefly and I want to  
17 say that as I'm reading, you may have a younger  
18 version of this, but you'll be able to see there  
19 are about one or two corrections you may need to  
20 make on it. But it reads thusly: Solicitation  
21 clause, hiring agreement. By submitting a bid or

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1 proposal in response to this solicitation, the  
2 bidder or offeror agrees to execute and comply with  
3 the enclosed Maryland Department of Human Resources  
4 Hiring Agreement. The hiring agreement is to be  
5 executed by the bidder or offeror and delivered to  
6 the procurement officer within 10 days following  
7 receipt of notice by the bidder or offeror that it  
8 is being recommended for contract award. The  
9 hiring agreement will become effective concurrently

10 with the award of the contract. The hiring  
11 agreement provides that the contractor and the  
12 Department of Human Resources, DHR, will  
13 cooperatively, will work cooperatively to promote  
14 hiring by the contractor of qualified Maryland  
15 Temporary Cash Assistance recipients to fill job  
16 openings resulting from this procurement in  
17 accordance with Section 13-224 of the State Finance  
18 and Procurement Article. This is where the law is  
19 written regarding hiring agreements.  
20 Hiring agreements are not optional, and  
21 what this simply means is this: If you are an

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1 awardee of this contract, this procurement  
2 contract, you're required by Maryland Procurement  
3 Article law to submit all of your job openings as a  
4 result of securing one of these contracts to the  
5 Maryland Department of Human Resources, and what  
6 will happen from there is our office will contact  
7 many of the social services offices throughout the  
8 state of Maryland, there are offices in every  
9 jurisdiction of the state, to find qualified, I  
10 repeat, qualified Maryland Temporary Cash  
11 Assistance recipients to fill those positions.

12 Comment. Question?

13 MS. KAISER: What if we don't have any  
14 job openings and because we have enough caregivers  
15 already based on expected needs?

16 MR. INGRAM: It's understandable that  
Page 13

17 that may be the case, that your organization -- who  
18 are you with again, ma'am?

19 MS. KAISER: Home Instead Senior Care.

20 MR. INGRAM: Yes. That your  
21 organization has enough staff already so that when

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1 you get this new contract with new work they'll be  
2 ready to step right in.

3 MS. KAISER: Okay. That's fine. That's  
4 just a supposition, okay.

5 MR. INGRAM: Yes, ma'am in the red.

6 MS. WILSON: Sharon Wilson again,  
7 Visions America, Dorchester County. If I'm to  
8 understand this right, when you have an opening,  
9 wherever the opening is, whether it's for clerical,  
10 whatever, in your company, that you're to contact  
11 DHR so that they in return can contact --

12 MR. INGRAM: The local Department of  
13 Social Services to find qualified --

14 MS. WILSON: See, I like that word  
15 qualified.

16 MR. INGRAM: If, if there are no  
17 suitable or qualified Temporary Cash Assistance  
18 recipients, you are provided with a waiver from our  
19 office saying for this position or these positions  
20 hire whomever you wish, we don't have any qualified  
21 recipients in your jurisdiction.

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1 MS. WILSON: Okay. Gotcha.

2 MR. INGRAM: With that waiver you can  
3 hire whomever you wish with those job openings.  
4 Yes.

5 MS. TOMARCHIO: Linda Tomarchio, Options  
6 for Senior America. Will we have an opportunity to  
7 view their work history as far as their attendance?

8 MR. INGRAM: Yes. This system is user  
9 friendly. Let's say, for example, your company  
10 provides us with information, and as I go along  
11 there's, the forms are in here that you'll be  
12 submitting to us should you have a need to hire,  
13 and you would -- when we determine from your job  
14 spec sheet what you're looking for and we identify  
15 someone who meets those qualifications, that's just  
16 a first tier. Number one, we're not going to refer  
17 them to you unless they meet the minimum  
18 requirements of what you're sending us. Once they  
19 get there you would treat them as you would any  
20 other employee that, person that's looking for  
21 employment rather, all right? Yes, ma'am.

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1 MS. HOUSEN: Yvette Housen with Housen  
2 Homecare. I'd like to find out if this is  
3 something we can put online so we can track that we  
4 have complied with the requirements here or is this  
5 all going to be information that we're going to

6 submit by mail?

7 MR. INGRAM: That's a good comment and  
8 question, it is so indeed. Currently the process  
9 is as follows: Let's say your company is awarded a  
10 contract, all right, the procurement officer will  
11 work with you, your company will sign the hiring  
12 agreement contract as well as the main contract for  
13 the services and our office will contact your  
14 company and welcome you and give you contact  
15 information as well as the forms that you will need  
16 should you have a need to hire. Those forms will  
17 be filled out, mailed or faxed. That's the current  
18 procedure, all right? But we are working toward  
19 putting it online. Comment, question? I'm sorry.  
20 Yes, sir.

21 MR. LOEWEN: My name is Ethan from First

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1 Care Nursing Services. When -- with this clause,  
2 let's say that the local Department of Social  
3 Services identifies four people that were  
4 qualified. Are we required to hire someone from  
5 that pool or if we determine that they're not  
6 qualified can we go outside or get a waiver or how  
7 does that work?

8 MR. INGRAM: Excellent question. As  
9 stated earlier, you are not required to hire any  
10 person that our office deemed qualified if your  
11 company says hey, we've looked further, they don't,  
12 none of these really meet. You only have to give



13 us the reason as to why you didn't hire them.

14 Comment, question?

15 Moving right along. If you look  
16 underneath clause 1 you'll see the actual contract,  
17 or a facsimile of it anyway, and I want you to pay  
18 particular attention to page 3, line item 5. It  
19 says agree to consider filling a minimum of blank  
20 of the job openings with the local department  
21 referred candidates, provided that the local

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1 department prefers qualified candidates within  
2 three working days. Oftentimes we receive  
3 contracts and this area's left blank. The contract  
4 is void unless there's a number there. All right?  
5 Some put 1, some put more if they feel they, their  
6 staffing needs will be. And let me say this. It  
7 is possible and happens where you can go through  
8 the entire contract and not hire anyone from the  
9 pool of qualified Maryland Temporary Cash  
10 Assistance recipients. It does not mean that you  
11 have not worked in good faith, I want to say that.  
12 But again, you treat these candidates as you would  
13 any other candidate that's applying for employment  
14 with your organization.

15 All right. I'm almost finished barring  
16 any questions. If you look on the right-hand side,  
17 this is, this is a copy of a piece of  
18 correspondence with a first, it welcomes you to the  
19 program. Section 2, here are the instructions,

20 which I've basically gone over, we're user  
21 friendly. I've placed my business card in each

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23

1 folder. Recruitment information, instructions for  
2 hiring agreement contractors. We'll be glad to go  
3 over it with you, this is user friendly, we don't  
4 just throw it at you and leave you alone. The  
5 third item on the right-hand side is the DHR hiring  
6 agreement job order form. This is what you'll be  
7 submitting to us, giving us the specifics of the  
8 type of person you're looking for to fill the  
9 position. And here's a vendor tally sheet, after  
10 the hiring agreement job order form, and the last  
11 item but not least is the Department of Labor and  
12 License regulations, Division of Workforce  
13 Development Welfare To Work tax credit. I'm just  
14 going to read the first paragraph. And it reads  
15 thusly:

16                   The welfare to work tax credit for  
17 hiring long-term recipients can be as much as \$8500  
18 per new hire, 35 percent of qualified wages for the  
19 first year and 50 percent of qualified wages for  
20 the second year of employment. And what this means  
21 is if you hire a qualified Maryland Temporary Cash

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1 Assistance recipient, these are tax credits you're  
2 going to get. Getting a qualified person and the

3 tax credits is a win-win situation I would say.  
4 All right. So there is -- and it's the law but  
5 it's also an incentive. Your company is going to  
6 save money. I guess unless you are nonprofit,  
7 basically it's nonprofit, all right, unless you're  
8 nonprofit. And there was something else I wanted  
9 to say which is slipping my mind. Comment?  
10 Question? All right. I forget what I was going to  
11 say, Fran.

12 MS. AVALLONE: It's okay.

13 MR. INGRAM: But if, if everyone is  
14 reasonably secure and understands what we've said,  
15 we'll gladly explain the program to you, we'll work  
16 with you, we're easy to work with and we believe  
17 it's a win-win for all of Maryland's citizens.  
18 Thank you.

19 MS. AVALLONE: Thank you, Larry. We  
20 have a question.

21 MS. WATERS: Madeline Waters, ShoreUp,

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1 Incorporated, Salisbury, Maryland. Question. Go  
2 back to what you just said. This does not apply to  
3 if you're nonprofit; is that clear?

4 MR. INGRAM: Well, well, the tax credit  
5 don't apply to you if you're nonprofit, but you're  
6 still required to participate in the hiring, yes,  
7 ma'am.

8 MS. AVALLONE: We're going to move right  
9 along and Debbie Cunzeman is going to take us into

10 Section 3, which is the specifications.

11 MS. CUNZEMAN: Okay. I'm not going to  
12 read it word for word but just give a little  
13 background. The Department of Human Resources  
14 through the Office of Adult Services offers a  
15 program called In Home Aide Services. We serve  
16 individuals of all ages. This program is  
17 administered through all our local Departments of  
18 Social Services and Baltimore City. And such  
19 things -- we assist customers with the activities  
20 of daily living, self-care, personal care under the  
21 supervision of a nurse, light housekeeping errands,

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1 respite, et cetera. The main -- what we really  
2 need to do, you have to be able to do all of this.  
3 You can't just do light housekeeping, you have to  
4 be able to do chore, personal care, nursing  
5 evaluation supervision and respite care services.  
6 As you see, the counties that you, that are  
7 included in here that you would not be bidding on  
8 would be Allegany, Anne Arundel, Montgomery. And  
9 you see we currently have 13 contractors and have  
10 service definitions. You see what is included in  
11 chore services, you'll see what is included in  
12 personal care services. Before personal care can  
13 be delivered a nurse needs to go out and do an  
14 evaluation on or before the date the service is to  
15 be delivered. Also you'll see a list of services  
16 we will not and cannot perform.

17                   In addition to the nursing services that  
18 you will be providing with the aide that you are  
19 providing, we also would like you to provide a  
20 nursing assessment for our own aides. And getting  
21 back, I need to backtrack a little. We provide our

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1 services through three, three different ways.  
2 Basically we have our own aides that we hire  
3 through the department. We have -- through our  
4 vendors and then we have some individual providers  
5 that are usually one on one that the customer has  
6 identified. The nursing supervision and assessment  
7 would be used in certain jurisdictions by the local  
8 Department of Social Services. In other words, if  
9 we have our own employee aide, we need a nurse, not  
10 all jurisdictions -- we don't -- not every county  
11 has a nurse. So we might call upon you to go out,  
12 we have this case, we need you to do an assessment  
13 with our own aide to provide, to do the care plan  
14 and to provide ongoing supervision.

15                   Okay. There's a description of what  
16 respite care is and then we go into conditions and  
17 delivery of service. Basically you would get a  
18 call to ask if you can provide -- we have a client,  
19 we give you, in such-and-such an area we need x  
20 amount of services done, like I'll give an example,  
21 we need personal care done, provided three times a

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1 week at two hours each day. If you agree, if  
2 you -- you have usually around, we like to know as  
3 soon as possible, but usually within 24 hours  
4 business day, during the business day whether you  
5 can provide those services. When you say you can,  
6 a purchase of service order is completed. That  
7 will give you the details of what, exactly what we  
8 need to be performed, personal care, chore, how  
9 many times a week, how, and the length of time.  
10 You would sign off on that and return it to the  
11 local Department of Social Services. This is a  
12 safeguard for both of us to know this is what we're  
13 asking of you and you know what is being asked of  
14 you also.

15 Another section we put as quick  
16 response. Basically we don't do emergency services  
17 for the most part. There's always an exception to  
18 the rule, but we, if we call you and we want a  
19 quick response, you may have to make an effort to  
20 try to see if you can provide an aide in that home  
21 within four to twelve hours. That doesn't happen

□

1 that often, it might happen once a year, might  
2 happen twice a year, we don't know, it's  
3 unpredictable. It's been minimal so far.

4 The next section, reporting, there are a  
5 number of reporting forms, you'll see them. The

6 502, the 503 and the 516 are all monthly reports  
7 that have to be submitted monthly. I'm not going  
8 to go into detail as to what they look like, they  
9 are attached to your IFB. Once your contract is  
10 awarded I will have a follow-up meeting and we will  
11 go over these reporting forms in detail so you'll  
12 know how to complete them, when they're due,  
13 et cetera.

14 Our main objective in providing home  
15 care services is to reduce instances of  
16 institutional placement, out-of-home placement of  
17 children, preventing abuse, neglect, self-neglect  
18 or exploitation and to promote self-sufficiency.

19 The requirements of all bidders, they  
20 need to be either a home health agency, an RSA, a  
21 residential service agency, or a nursing referral

□

30

1 agency, and you would need to provide that to  
2 demonstrate that you are one of those three. Here  
3 again, a review of contract requirements, that you  
4 need to be able to provide chore services, personal  
5 care, nursing evaluation, supervision, respite care  
6 and quick response services.

7 Qualification of aides. All aides that  
8 are going to provide personal care need to meet the  
9 minimum of a CNA/GNA and have at least one year  
10 experience. All aides, whether requiring personal  
11 care -- well, personal care, the CNA, they do  
12 require you to have a high school diploma, but if

13 you're going to hire someone to provide light  
14 housekeeping only, they must have a high school  
15 diploma. Also all the aides that you are, that are  
16 going to be providing the service must have four  
17 hours, four in-home -- four in-service training  
18 programs during the course of the year, which could  
19 include CPR, et cetera, blood borne pathogens,  
20 whatever, you choose. Supervision of the aides is  
21 going to be by an RN. Also you should designate

□

31

1 one person in your office or agency that we can  
2 contact, whether it's to contact to, to request a  
3 service, if we have a difficulty, a problem that we  
4 need discussed to rectify, we need one person that  
5 we can contact that would be available. Also in  
6 the event of the absence of an aide, it is the  
7 responsibility of you to notify us that the aide is  
8 not there and that you will be trying to, if at all  
9 possible, provide a substitute for that aide. And  
10 that should be, it should be no later than noon on  
11 the date that the aide is going to be providing  
12 that service.

13 If an aide also observes any evidence of  
14 a client injury or suspects that the client is  
15 being abused or neglected, that aide needs to  
16 report it to their supervisor, who in turn would  
17 report it to the local Department of Social  
18 Services, the contact person. Also, the contractor  
19 shall inform the local DSS within 24 hours of any



20 interruption of service to a client to whom the  
21 contractor is providing service. That's usually

□

32

1 like if the client was at home and you found out  
2 they were in the hospital, any information you know  
3 that, any reason you have to give us why you  
4 couldn't perform it. Okay? And it should be in  
5 writing. I mean you can call us up and verbally  
6 say it, but follow up in some note to us in writing  
7 what occurred, why you couldn't perform that  
8 service. There again we see the forms that need to  
9 be attached, these reporting forms, the 502s, 503s  
10 by the 15th working day of each month, and you  
11 should be keeping records and copies of everything,  
12 all the forms you have -- all the forms that you  
13 have to complete for us, as well any documentation  
14 that you feel you need in your records, because we  
15 can come out and check those records that you are  
16 actively keeping, maintaining records.

17 Let's see. Oh, and health insurance  
18 reimbursement. We do not accept any insurance.  
19 All our, all funding that we use to purchase the  
20 services is through the general funds; however, if  
21 you know -- and you don't have to be, accept

□

33

1 Medicare, Medicaid or any private insurances;  
2 however, if you are aware that they may be eligible

3 of a skilled need and meet those qualifications,  
4 you need to bring that to the attention of the  
5 local Department of Social Services who intend --  
6 who will engage to see if they can get the  
7 Medicare/Medicaid to pay for such services.

8 Here again, the deliverables, you'll see  
9 the list of deliverables. It's attached to your  
10 IFB and we will go into detail once the award has  
11 been granted.

12 MS. TOMARCHIO: Linda Tomarchio, Options  
13 for Senior America. I have two questions. One is  
14 instead of health insurance, if they're a veteran  
15 and we hold a VA contract, can we, can they, can we  
16 help them to get the VA eligibility?

17 MS. CUNZEMAN: Oh, yes, you try to help  
18 them get whatever services they could use, but just  
19 let us know, because we don't want duplication  
20 mostly or have more services than they really need.  
21 So we can -- it's like a give and take. Your

□

1 contact person in the local Department of Social  
2 Services, for instance, because I was one, and I  
3 would get a call from an agency who said well, the  
4 nurse went out, observed such-and-such, we're  
5 calling the doctor to see if he can order nursing  
6 services, and lots of times with the skilled  
7 nursing service comes other services, like an aide,  
8 and so you would let us know, yes, when it was  
9 authorized, when it's going to start and maybe it's

10 two times a week and we were giving three, so the  
11 two times a week would be provided by the insurance  
12 or Medicare/Medicaid and we would continue doing  
13 the one time. Okay? Unless they need more  
14 services as a result of what occurred.

15 MS. TOMARCHIO: The second question I  
16 have, is the correspondence regarding who's the  
17 care recipient, can we inform you of their names  
18 via e-mail? Because some agencies, like the VA,  
19 you can't use their name or Social Security number  
20 in any e-mail correspondence. Can you do that with  
21 the state?

□

35

1 MS. CUNZEMAN: We had that --  
2 somebody -- I'm not sure. I'll have to get back to  
3 you on that. Because a number of times that  
4 letters are attached to our e-mails with persons'  
5 names and I, to be absolutely sure I would have to  
6 contact our attorney general to see that if you're  
7 going to send, if you want to send us this  
8 information via e-mail, if it's allowable, okay, I  
9 will.

10 MS. TOMARCHIO: Thank you.

11 MS. CUNZEMAN: Because of HIPAA, right?  
12 Correct.

13 MS. TOMARCHIO: Yes.

14 MS. CUNZEMAN: And I think probably if  
15 that's a HIPAA rule you might have to abide by that  
16 same rule, but I'll confirm that.

17 MS. TOMARCHIO: In that case I guess a  
18 lot of it would be through telephone.

19 MS. CUNZEMAN: Or written letter,  
20 because we want the things in writing too.

21 MS. TOMARCHIO: The time frame you're

□

36

1 working in --

2 MS. CUNZEMAN: Well, see, verbally first  
3 and then follow up in writing.

4 Okay. And then a post award orientation  
5 conference it says here will, will happen within  
6 two weeks after approval. So does anyone have any  
7 further questions regarding the actual service  
8 being provided and deliverables?

9 MR. JOHNSON: Quadri Johnson, Rolak  
10 Health Care. My question is three parts. One,  
11 this contract is converting or leaving out home  
12 waiver into a contract form, right?

13 MS. CUNZEMAN: This is not a waiver.

14 MR. JOHNSON: Okay. So what I'm -- my  
15 question now is for those participating already and  
16 are delivering home waiver -- because delivering  
17 home waiver is under the Department of Human  
18 Resources. That's where that comes from, the  
19 program. So my question is if you don't get this  
20 contract, does that affect --

21 MS. CUNZEMAN: No.

□

1 MR. JOHNSON: It doesn't, okay.

2 MS. CUNZEMAN: No. Everything is  
3 separate.

4 MR. JOHNSON: It's totally different?

5 MS. CUNZEMAN: And the living at home  
6 waiver is really through DHMH. But they're all  
7 separate. Everything is separate. This -- no.  
8 Getting this service doesn't affect any other  
9 program.

10 MR. JOHNSON: But if you do get the  
11 contract and you have clients that are eligible for  
12 the waiver programs and can get a lot more hours  
13 through there, I guess it's obligation to let you  
14 know if that would help them out better?

15 MS. CUNZEMAN: Yes. I'll give you an  
16 example. We do have customers or clients that we  
17 are currently serving who are on the waiting list  
18 and then we're informed that they're now receiving  
19 the waiver. We have to be notified they're  
20 receiving the waiver because we, we terminate our  
21 services.

□

1 MR. JOHNSON: Okay.

2 MS. CUNZEMAN: Because the waiver is  
3 supposed to meet their need. Does anybody have any  
4 other questions?

5 MS. NWANNA: My name is U-C-H-E, last

6 name N-W-A-N-N-A with BMA HealthCare Service.

7 ATTENDEE: Could you please speak up so  
8 everybody else can hear you?

9 MS. NWANNA: My question is in the  
10 qualification for the aides, are these just the  
11 qualifications you have listed here is all they  
12 need to meet? For instance you have the need to be  
13 a CNA and what if you have medication requirements,  
14 some of the clients, are they like ever on  
15 medication?

16 MS. CUNZEMAN: We can't do medication.  
17 There's no medicine aide. If you look at the  
18 services we cannot provide. You can do coaching  
19 and reminders but there's no medication  
20 administration at all.

21 MS. NWANNA: Okay.

□

39

1 MS. CUNZEMAN: Okay? And any hands-on  
2 activity, even if it's just assisting in and out of  
3 chair, in and out, that requires a CNA. Some  
4 people think you don't, but if you do any hands-on  
5 you have to insist that you should have a CNA in  
6 there. Now, if you're just there reminding people,  
7 say you've gotta take a bath, and some of these  
8 people just might have to be enticed to do that and  
9 you know there's not going to be any hands-on, you  
10 might not have, but for your most part for your own  
11 safety and the safety of our client is to have a  
12 CNA, a trained CNA in there. Yes.

13 MS. WATERS: Madeline Waters, ShoreUp  
14 again. We are serving Worcester, Wicomico and  
15 Somerset Counties. My question to you, you're  
16 saying that we are, we're doing nurse monitoring  
17 for the Department of Social Services for their  
18 CNAs?

19 MS. CUNZEMAN: Uh-huh.

20 MS. WATERS: Okay. My question to you,  
21 if we monitor those aides, then that means that

□

40

1 when it comes time for them to be recertified by  
2 the Board of Nursing, that means that we have to go  
3 out, observe their care as well as sign off on  
4 their certification. So if the certification  
5 states that you must have eight hours of continued  
6 education in that field and you just said four --

7 MS. CUNZEMAN: No, I didn't say four  
8 hours, four in-service training.

9 MS. WATERS: These are eight hours, but  
10 what I'm saying to you is how can we -- if we are  
11 the agency that's going to monitor those aides,  
12 should we not have something in our hands saying  
13 that they have received or copied, I mean how do we  
14 do that --

15 MS. CUNZEMAN: From what I understand  
16 about the recertification of a CNA, you're only  
17 signing that you know they provided 16 hours, and  
18 what I heard from the Board of Nursing, you don't  
19 actually have to observe them, I was told that.

20 You have to have knowledge that they performed 16  
21 hours of personal care, but it's up to them to

□

41

1 verify that they provided, they had the in-service  
2 training.

3 MS. WATERS: Okay. And I understand  
4 that. However, when you are depending on a RN  
5 license, they are not comfortable by signing off  
6 saying that you, you know what to do. I mean they  
7 need to be able to observe --

8 MS. CUNZEMAN: That's up to the  
9 individual. That's what I had. I've had nurses  
10 that say they want to observe the 16 hours, yes,  
11 they observed the 16 hours. Others say they're  
12 knowledgeable, that's what they want to do. So the  
13 16 hours is a part of your supervision and  
14 observation -- you -- it's dual. In other words,  
15 when you have to go out every 60 days to do a  
16 reassessment. At that time you arranged for the  
17 aide, the time the aide is out there, so you're  
18 observing what she is doing. Okay?

19 MS. WATERS: Okay. That's good. Now,  
20 when it comes time, and I guess it's different  
21 because of a different agency, but once a client is

□

42

1 hospitalized or institutionalized, our regulation  
2 says that we have five days to, to get out there



3 to, to reassess the case. Now, if a client goes  
4 into the emergency room and comes back home, we do  
5 not have to go back out.

6 MS. CUNZEMAN: Uh-huh.

7 MS. WATERS: But if a client spend the  
8 night, 24 hours, then we have to go back out and  
9 reassess them?

10 MS. CUNZEMAN: Not according to our  
11 program.

12 MS. WATERS: So we don't have to.  
13 That's good to know.

14 MS. CUNZEMAN: Yes.

15 MS. WORKMAN: Rhonda Workman, Elizabeth  
16 Cooney Personnel Agency. The qualification for the  
17 CNA is for providing personal care.

18 MS. CUNZEMAN: Only.

19 MS. WORKMAN: So chore services is not  
20 required for the CNA?

21 MS. CUNZEMAN: (Nodding head indicating

□

43

1 yes.) Yes.

2 MS. TOMANI: My name is Helen Tomani,  
3 I'm from Family Health Care Services. I want to  
4 find out, because I've been listening to you, I  
5 want to find out if this is different than the  
6 normal personal care --

7 MS. CUNZEMAN: You want to find out if  
8 it's different than?

9 MS. TOMANI: If this program we're  
Page 33

10 talking about is different from the personal care  
11 services that we are already providing?

12 MS. CUNZEMAN: Okay. She wants to know  
13 if this personal care service is different from the  
14 normal personal care service she's providing. I  
15 don't know what kind of personal care services  
16 you're providing, but basically it, I would say  
17 it's very similar.

18 ATTENDEE: She talked about the  
19 Medicaid.

20 MS. CUNZEMAN: The Medicaid personal  
21 care program. It's different. There are different

□

44

1 levels of care provided by Medicare, by Medical  
2 Assistance personal care, level 1, level 2 and  
3 level 3. You know, level 1 you get paid a set rate  
4 no matter how many hours you're in there. Level 2  
5 you're in there twice, they have a certain rate.  
6 And then level 3 is 24-hour care, you get a certain  
7 rate. No, we're not like that. What we do is pay  
8 you hourly, we pay you on how many hours we want  
9 you to be in there. You'll see that clearly  
10 written on the purchase order you're signing. In  
11 other words, Madam X, blah blah blah, needs  
12 personal care. It might go like one hour of  
13 personal care three times a week, chore one hour  
14 three times a week, so you're in there one hour of  
15 personal care, one hour of chore each day, it could  
16 be that, or it could be two hours of personal care

17 two times a week so you're in there two times a  
18 week and you fit it in your schedule to do it that  
19 way and it's by the week. Sometimes due to  
20 scheduling changes it might be -- usually it  
21 depends on the agency, you know every Tuesday and

□

45

1 Thursday you're going to be out there, but one time  
2 in order to provide the service it might be Tuesday  
3 and Friday, so you'll get the exact amount of time  
4 you cannot exceed for the service.

5           Okay. Wait a minute. Clarify there.  
6 For the Medical Assistance personal care program  
7 the provider is not a certified, usually not a  
8 certified CNA. The program was originally set up  
9 years ago when you had a neighbor come over who was  
10 helping you out, okay, and, and they wanted some  
11 arrangement where that person can be somewhat  
12 compensated and that's how it is. That's the way  
13 it's different. So we, we basically follow the  
14 rules of the, the CNA for personal care, nurse  
15 being out there prior to providing personal care,  
16 someone would be out there going over. For chore  
17 service, same thing. It's all separate but it's  
18 not, it is nothing like the Medical Assistance  
19 personal care program.

20           MS. WILSON: Sharon Wilson. One  
21 question. I understood you when you addressed her

□

1 that you were saying that a CNA doesn't have to do  
2 personal care?

3 MS. CUNZEMAN: No. A CNA -- all  
4 personal care has to be delivered by a CNA. Any  
5 hands-on activity is considered personal care, so  
6 if you're not giving a bath but you're helping  
7 somebody in and out of a tub, CNA.

8 MS. WILSON: Maybe I'm not following.  
9 What I'm saying is a CNA can go into a house, still  
10 give personal care and do chores too?

11 MS. CUNZEMAN: Yes. Yes.

12 MS. WILSON: Okay.

13 MS. CUNZEMAN: They can provide  
14 everything.

15 MS. KAISER: Anne Kaiser with Home  
16 Instead. We don't have to send the CNA to do the  
17 personal care because our CNAs do both.

18 MS. CUNZEMAN: Yeah, correct. I'm  
19 sorry, yeah, they can do everything, but like I  
20 said, a CNA, only a CNA can provide the personal  
21 care but the CNA can provide more than that.

□

1 MR. IKUSIKA: Excuse me. Rotimi,  
2 R-O-T-I-M-I, Ikusika, I-K-U-S-I-K-A. I'm with  
3 Solid Rock Health Care Services. In PG County  
4 (unintelligible)...

5 MS. CUNZEMAN: Well, what it is, the

6 reason why the local department has a contract with  
7 you because you were locked out of the statewide  
8 contract, so anyone who currently has a local  
9 contract with the individual Department of Social  
10 Services needs to apply for the statewide contract  
11 because they'll ask why you didn't if you're going  
12 to renew for the following year.

13 MR. ARORA: Could you please repeat the  
14 question? I'm sorry, we couldn't hear.

15 MS. CUNZEMAN: The question was some of  
16 the vendors who are here today have a contract  
17 individually with a local department. That's  
18 because they were, they were, they could get  
19 into -- they couldn't apply for a statewide  
20 contract because it was a five-year period and now  
21 we're just renewing, so they usually do an

□

48

1 individual contract with the locals because they  
2 don't have a statewide contract, usually on a  
3 yearly basis. That's what he has, he has a local  
4 contract with a local Department of Social  
5 Services, and he wanted to continue that and what  
6 he needs to do is to apply for the statewide  
7 contract first of all.

8 MS. HOUSEN: Yvette Housen, Housen  
9 Homecare. I'd like to find out under what  
10 circumstances could you have a person in the home  
11 if they're not doing chore services or they're not  
12 a certified nurse assistant? If you're telling me

13 that if it's hands-on care you need a CNA, that  
14 seems to me that you can have somebody in there who  
15 is not a CNA.

16 MS. CUNZEMAN: No. Okay. Personal  
17 care, if we order personal care, anyone providing  
18 personal care, what we consider personal care, you  
19 need to have a CNA.

20 MS. HOUSEN: So there will never be a  
21 PCA in the home, a personal care aide like under

□

49

1 the waiver?

2 MS. CUNZEMAN: No.

3 MS. HOUSEN: They will be certified by  
4 the Maryland Board of Nursing?

5 MS. CUNZEMAN: Correct. Right. For  
6 personal care. Correct. Yes.

7 MS. NWANNA: Uche Nwanna from BMA  
8 HealthCare Service, and my question is really for  
9 the other side. What are, maybe you already said  
10 it or maybe there's a website or a place I can go  
11 and find out this information, but who are the  
12 consumers of this service? In other words, who are  
13 the people that are qualified for these services?

14 MS. CUNZEMAN: Okay, all the people who  
15 you would serve are customers of the local  
16 Department of Social Services. The majority of our  
17 clients are adults. The adults, it's most -- it  
18 could be an Adult Protective Service case, it could  
19 be what we call Social Service To Adults, SSTA,

20 that's a voluntary program where people have called  
21 into our agency and asked that they needed help or

□

50

1 there might have been another problem where the  
2 social worker has identified that home care,  
3 in-home services would assist in maintaining them  
4 in their own home to reduce the risk, risk factors  
5 and hopefully improve the quality of life for that  
6 individual. On a few occasions it might be a  
7 family where the mother is disabled and there are  
8 children. So the mother needs help but that's, but  
9 they all have a social worker slash case manager,  
10 so there's someone that you can talk to, vice  
11 versa, they could talk to you. There's always  
12 someone you can communicate with back and forth.  
13 Yes.

14 MR. ONABIYI: Hi, my name is Abi-odum  
15 Onabiyi from Abraham Healthcare. If you're only  
16 providing chore services can you send a CNA in?

17 MS. CUNZEMAN: No. If there's chore  
18 services only they do not need to be a CNA. Yes.

19 MS. WILSON: Tonya Wilson, All Staffing,  
20 Inc. Two questions. First question is what is the  
21 minimum and maximum amount of hours, and the second

□

51

1 question is I've experienced that sometimes with  
2 these contracts how does the workload get disbursed

3 among the agencies fairly? Because we wanted a  
4 contract for a couple of years and we never got a  
5 call until I had to really like kind of harp on it  
6 and say hey, we're out here, when are you going to  
7 use our agency? How do the services get divided  
8 among the agencies fairly so everybody has a chance  
9 to get a dib in to working with, you know --  
10 because what happens is the case managers use the  
11 same people they use all the time, they're seeing  
12 those names constantly over and over again, so I  
13 just want to know how does that --

14 MS. CUNZEMAN: Well, usually how it is,  
15 first off -- now I forgot your first question.

16 MS. WILSON: Minimum or maximum --

17 MS. CUNZEMAN: Oh. There's no minimum  
18 or maximum hours but we're not going to ask you to  
19 go in for a half an hour. Usually we for the most  
20 part try to get you in for about two hours, but  
21 truthfully if it's only going to take somebody an

□

52

1 hour and a half to give a bath we really don't want  
2 to pay two hours, but that's negotiable. As far as  
3 guaranteeing anything, as far as on my part I can't  
4 say, guarantee how you're going to be used. What  
5 it is, right now what we find, it varies from  
6 jurisdiction to jurisdiction. Like if the contract  
7 is awarded starting September 1st, you're not going  
8 to get bombarded with referrals, number one,  
9 necessarily, because the continuity of service, if



10 they're already with someone and that person was  
11 renewed or got an award and that same -- not  
12 renewed because it's not renewed, it's a whole new  
13 contract. If that vendor was awarded another  
14 contract, it is not necessarily, anything could  
15 happen, for the most part that agency will continue  
16 with that vendor. Our clients don't like to change  
17 aides. However, there could be a circumstance, it  
18 could be something they might say, they call up a  
19 new vendor and ask them to go out and we go down  
20 the list. We're supposed to go from the lowest bid  
21 to the highest bid and go through, and believe me,

□

53

1 some jurisdictions right now have nine vendors on  
2 their list and they can only find one person who is  
3 willing to deliver the service at this time. Okay.  
4 It does happen. Might not happen as frequently but  
5 it does happen, but we need -- we're trying to  
6 develop a pool of resources that we can call  
7 because we need to deliver the service. Okay? And  
8 it varies from jurisdiction to jurisdiction how  
9 that's going to be, how you're going to be called.  
10 I don't know, Greg, you want to comment on that?

11 MR. MOORE: I'm Greg Moore, I'm from  
12 Baltimore County DSS and currently, to get back to  
13 what Debbie is saying, we currently have 13 vendors  
14 that are on our list and we probably are only using  
15 three, and we're only using three because only  
16 three have shown the capacity to provide the

17 service. Even though you may not be on the list,  
18 you might not be a regular and you may not -- when  
19 the contract begins we might have it with someone  
20 else, it's not necessarily that we're pleased with  
21 that someone else that we have, so we're always

□

54

1 looking to provide the most consistent service  
2 delivery, so you may be called.

3 MS. WILSON: How do we make ourselves  
4 known to you that we're -- just by being on the  
5 list? You know what I mean?

6 MR. MOORE: Once, once the, and I don't  
7 know how Debbie is going to handle this, but once  
8 we get out of this, then I call all the vendors in  
9 and I explain to them what we have and give them a  
10 list.

11 MS. WILSON: Good.

12 MR. MOORE: And I try to give them zip  
13 codes in terms of where we are and what our needs  
14 are.

15 MS. CUNZEMAN: I don't know what your  
16 experience in the past, because every jurisdiction  
17 gets a list of the vendors and in what order to  
18 call, and they should know that. But what I'm  
19 going to do differently this year too, and I did  
20 this at our option period, I'm going to try -- I  
21 pull all the vendors who are going to get awarded a

□

1 contract, we're going to have a meeting, we're  
2 going to go over the particulars. I'm going to  
3 also ask the supervisors who will be in contact  
4 with you to come to that meeting too. You get to  
5 know who that other person is on the other side of  
6 the phone.

7 MS. WILSON: That's perfect.

8 MS. CUNZEMAN: And you can talk things  
9 out, get to know each other, a welcoming, whatever,  
10 and I think that would be a good start, and then  
11 you'll know the contact person, you can call them.  
12 Like if you have a problem with a person in the  
13 local, you call me, if they have a problem with you  
14 they call me and we try to work it out.

15 MS. WILSON: Great, great.

16 MS. ETOH: Bridget Etoh, HealthLink,  
17 Incorporated. Going back, if an agency has a  
18 contract with, for example, Baltimore County Health  
19 Department, are you saying that we can still bid  
20 for Baltimore County?

21 MS. CUNZEMAN: (Nodding head indicating

□

1 yes.) Because they're two different programs. Two  
2 different programs. You could be working for  
3 Department of Aging, Health Department, some  
4 nonprofit providing service to us, waivers,  
5 anything, this is totally separate from everything,

6 everybody else, and we have different requirements  
7 than they do, okay, so it's totally separate. But  
8 we like to coordinate, so if you are, come to find  
9 out, even we might call you up and ask you to go in  
10 and you know that client, you've been serving them  
11 and they're getting Medical Assistance personal  
12 care, well, we're already in there for that and  
13 then we can coordinate with that person from that  
14 department to see that we don't duplicate  
15 circumstances.

16 MR. ARORA: Manish Arora, Capital Home  
17 Care. Debbie, the amount of money that each  
18 jurisdiction has to spend on a yearly basis, is  
19 that something that's published and public  
20 knowledge?

21 MS. CUNZEMAN: I don't think so.

□

57

1 MR. ARORA: They determine that in a  
2 specific way that we could understand how much  
3 money can be spent with the vendors like us?

4 MS. CUNZEMAN: Well, what you get is --  
5 see, what will be issued is a blanket purchase  
6 order and that blanket purchase order is not really  
7 identified as dollars, the allocation each  
8 jurisdiction gets, that's the maximum amount of  
9 money we can, that you can charge to us for that  
10 particular period. So, and it varies as far as how  
11 much money, how much money we do get and it varies  
12 with the budget, and that was, I believe that was

13 in -- isn't that in the IFB, the amount of money, I  
14 thought, that was statewide but we don't tell you  
15 how much each jurisdiction gets.

16 MR. ARORA: Thank you.

17 MS. LADOTA: Cheryl Ladota, Family and  
18 Children's Services. It's related to what he  
19 asked. In terms of the MBE then, is that based on  
20 actual dollars that come to the agency, so 10  
21 percent of what you actually --

□

58

1 MS. CUNZEMAN: Charged up front.

2 MS. LADOTA: -- end up -- and on the MBE  
3 forms there's a spot where you're supposed to write  
4 what your contract amount is and then what 10  
5 percent of that is, like how much for each vendor,  
6 but you really don't know any real number and I  
7 can't remember what we did last time.

8 MS. AVALLONE: Well, that's what the  
9 contract, whatever you put in your bid for.

10 MS. CUNZEMAN: They want the dollar  
11 amount of the, what the maximum amount they can  
12 pay, but they won't know that prior to the, to  
13 the --

14 ATTENDEE: They cannot hear the  
15 questions.

16 MS. LADOTA: The first question I asked  
17 was -- they're both about the MBE. If you don't  
18 have a contract amount how do you know what 10  
19 percent of the MBE is? And when you're filling out

20 the MBE attachment for the bid, it asks you for the  
21 contract amount and how much you're going to spend

□

59

1 with each of your MBE contracts, but this kind of  
2 contract isn't set up that way. I know it's a  
3 standard form.

4 MS. AVALLONE: Your contract -- your bid  
5 is what you're using as your, the contract amount.

6 MS. LADOTA: But our bid is a per hour  
7 bid.

8 MS. AVALLONE: It doesn't have a total  
9 at the bottom?

10 MS. CUNZEMAN: No. They don't know  
11 before it comes in what it's going to be. No.  
12 That's why it would have been better if we -- we  
13 have this problem every year.

14 MS. AVALLONE: I didn't do this. I'm  
15 glad it will be at the end, I'm at a loss.

16 MS. CUNZEMAN: Your sheet, I know what  
17 you're talking about.

18 MS. AVALLONE: What you need to do is  
19 send that question in through e-mail so I can  
20 submit that to them.

21 MS. CUNZEMAN: I know what you mean. We

□

60

1 have this problem every year.

2 MS. AVALLONE: The person that had this  
Page 46

3 contract left, so I'm doomed, didn't put all this  
4 together, but now I see what you're saying, okay.

5 MS. CUNZEMAN: See what I'm saying?  
6 They have a blanket purchase order and they have a  
7 maximum and that's going to be what --

8 MS. AVALLONE: Yeah. It's not like --  
9 okay.

10 ATTENDEE: Question, please.

11 MS. WILSON: My hand has been up a long  
12 time. Thank you. Sharon Wilson, Visions America.  
13 When she had asked a question a while ago about  
14 ranking, if we're, if Social Services ranked from  
15 lowest to highest when they, you know, when we  
16 submit our bids, why would DSS use a vendor, and I  
17 heard you say a while ago for consistency, if that  
18 vendor is higher, especially if we as the vendors  
19 are going through this process of bidding for the  
20 contracts? So, you know, I need to understand  
21 that.

□

61

1 MS. CUNZEMAN: Well, it's not based on  
2 price all the time, because sometimes -- you may  
3 have a lower price but if you have a history and  
4 they're not satisfied with your service, they're  
5 going to go to another vendor.

6 MS. WILSON: Well, my thing is, I'm just  
7 trying to understand it because it wasn't a issue  
8 with service or anything like that, mine is, mine  
9 always was because of consistency, you know, we

10 have this vendor for a long time and I would go  
11 back to the question then what was the purpose of  
12 vendors ranking lowest if you're going to use a  
13 higher bid and then turn around and say we're  
14 trying to save money?

15 MS. CUNZEMAN: I don't know because I'm  
16 not aware of anything like that.

17 MR. OTUNUGA: My name is Adeleke  
18 Otunuga, and I'll spell the last name,  
19 O-T-U-N-U-G-A, and I'm from Hope & Joy Health Care  
20 Services. Now, I just want to piggyback a little  
21 bit on -- that was actually my question and it has

□

62

1 to do with the admission of the gentleman from the  
2 Baltimore City -- County DSS. He said that they  
3 actually provide us on a list, but they only use  
4 three because the other 17 are -- because the other  
5 17 don't have the capacity to do the contract.  
6 Now, my question is this: How do you know we don't  
7 have the capacity if they are not retested and  
8 tried? That's number one, and the reason I'm  
9 asking the question is very simple. This is  
10 something that we have to deal with all the time  
11 when you call, they tell you it's a provider choice  
12 but then they refer to another agency and you have  
13 an agency that has multiple clients and they are  
14 very happy, but that is what they're telling you  
15 and the others have not been tried at all, never  
16 ever tried.



17 MS. CUNZEMAN: In his situation and when  
18 I was in the local, when they say we don't have the  
19 capacity, we call them all, we call and ask them,  
20 we need such-and-such and they say sorry, we don't  
21 have it. Within the amount of time. We can't wait

□

63

1 for you to hire somebody, we can't wait a week,  
2 well, we'll have somebody next week. We need  
3 somebody to start on a particular day and it's  
4 either yes, you can do it or no, you can't and we  
5 go to the next one.

6 MR. MOORE: I want to say something  
7 about that because in my experience in Baltimore  
8 County, we have identified and we have contacted  
9 each and every person on the list and they have  
10 shown -- when I say they do not have the capacity,  
11 that means they either refused service, did not  
12 have someone when I needed it and I went on to the  
13 next person, et cetera, et cetera. I mean I tried  
14 each and every one of them and those three were the  
15 only ones that consistently continued to provide  
16 services in separate cases.

17 MR. OTUNUGA: I don't know if we are on  
18 the list or not.

19 MR. MOORE: What's your agency?

20 MR. OTUNUGA: Hope & Joy. We always  
21 talk with you guys, but --

□

1 MS. CUNZEMAN: You don't have a --  
 2 MR. OTUNUGA: No.  
 3 MS. WILSON: Tonya Wilson. I like the  
 4 new idea that you're talking about having all the  
 5 awardees come in so you can go over everything and  
 6 know each other so it becomes developing a  
 7 relationship process and everybody can see, you  
 8 know, the entire process and know who to contact.  
 9 You always get a blind waiver as to who you should  
 10 contact and what the reason is, and it makes a  
 11 better situation for everybody, you know, the  
 12 awardees.  
 13 MS. CUNZEMAN: I think so. I was on the  
 14 other side. Okay.  
 15 ATTENDEE: Can you repeat the question?  
 16 MS. CUNZEMAN: She thinks it's a good  
 17 idea that once the contracts are awarded we're  
 18 going to have this big meeting, or meeting where  
 19 all the vendors who are awarded will get together  
 20 and you can share. There are some who were  
 21 probably on the contract previously who can share

□

1 some information with you. You also have the point  
 2 of contact of the local Department of Social  
 3 Services that you can also speak to and you have  
 4 me. The reason I wanted to bring you both together  
 5 is that you all hear the same thing. I can't say I

6 don't know, they don't share with me. I can say  
 7 this is what you need to do, but I don't know  
 8 exactly if that's the process they're using.  
 9 There's change in personnel and things like that,  
 10 so hopefully we'll be going over this and going  
 11 over this. From my past experience I would get a  
 12 list of all these vendors and what I would do, just  
 13 like Greg said, I would call them all up and  
 14 introduce myself and tell them that you've just  
 15 been awarded this contract, have this. well, where  
 16 I was located they were saying we didn't know of  
 17 any contract, we can't come out to that county,  
 18 we're in such-and-such a county, we can't travel  
 19 that far. Or well, is there a bus that comes out  
 20 there? I said no, there's no bus, public  
 21 transportation, so, and then so you find out right

□

66

1 away they're not going to be able to provide the  
 2 services, and we're in agreement, yes, they're not  
 3 going to be able to provide the services. Things  
 4 happen. You might have a lot of aides and all of a  
 5 sudden things might happen and you might not have a  
 6 lot of aides to provide the service so you're going  
 7 to have to turn us down, you know, we don't have  
 8 anybody for that area at this time, but you have to  
 9 make an effort. This contract doesn't guarantee  
 10 you that we will provide X amount of hours, there's  
 11 no guarantee with this, we're just trying to  
 12 develop a pool so that we can contact you to

13 provide services to our clients.

14 MR. ABEYA: My name is Ed Abeya with  
15 Encore. I can understand the bidding process and  
16 that you're going to have a pool of providers to be  
17 able to provide you with those kinds of services  
18 you need, but I'm just curious as to how -- do you  
19 always go to the first one, the lowest bid on your  
20 new client, then if that lowest bid cannot perform  
21 you'll go down to the next one and then the next

□

67

1 one? You probably get some kind of historical data  
2 and wow, this lowest bid is not performing at all.

3 MS. CUNZEMAN: Correct.

4 MR. ABEYA: Sometimes you have a new  
5 client, well, I'm not going to go through that  
6 again, more than likely he's not going to perform,  
7 so then you go down to the next lowest bid.

8 ATTENDEE: Can you repeat the question?

9 MR. ABEYA: I was trying to describe the  
10 process.

11 MS. CUNZEMAN: You got the AC. His  
12 question was, he wanted to reiterate how we go  
13 through the process. Each jurisdiction gets a list  
14 of vendors. We are to start with the lowest price  
15 vendor, but through that process we develop a  
16 history and we find out that that lowest price,  
17 lowest bid, they never could come through for us or  
18 the aide didn't show up, we weren't notified,  
19 different little things, and so historically we

20 might skip over that person because after five or  
21 six times they can't do it we go to the next one

□

68

1 and the next one. So if you're at the bottom so to  
2 speak doesn't mean you'll never get called upon,  
3 which brings me to another topic about your bid.

4           When you're bidding for service and  
5 you're giving an hourly rate for personal care,  
6 you're giving an hourly rate for chore, respite,  
7 whatever, it's all-inclusive, it's not ala carte so  
8 to speak. If you're going to put a CNA in a home,  
9 what it costs you, you figure out what it costs you  
10 to put that aide in the home, the nursing services,  
11 your administrative costs, whatever. Now, this is  
12 a five-year contract, so you're going to be high at  
13 the beginning of the five years but hopefully by  
14 the end of the five years you're breaking even and  
15 a little under, but during that five year you're  
16 not losing any money. This is what I'm hearing  
17 from people now. They're saying well, we're not  
18 getting paid as much as somebody else. Well,  
19 you're the one that gave me the price for how much  
20 you said you can provide the service for.

21           ATTENDEE: You don't modify throughout

□

69

1 the contract?

2           MS. CUNZEMAN: No modifications for  
Page 53

3 this.

4 ATTENDEE: You don't have year one, two,  
5 three?

6 MS. CUNZEMAN: No. No. When you bid  
7 for this five years you're going to kind of figure  
8 out, we don't know what the timing's going to be,  
9 what it's going to cost you by the fifth year. You  
10 might be bidding high, maybe you're making -- it  
11 may be higher than what it actually costs you now,  
12 but then the fifth year it might be lower but  
13 hopefully it all kind of evens out.

14 MS. KAISER: Quick question. Anne  
15 Kaiser with Home Instead, and you can reference it  
16 in here in case, I don't want to take up people's  
17 time for this. Criteria for caregivers obviously  
18 differs. For us they have to be bonded and  
19 insured, we provide workers' comp, Social Security,  
20 liability. Obviously we have to factor that into  
21 our cost. You have equal criteria. We have to

□

70

1 have a fully screened, trained, reference-checked  
2 person going into the home. Do you have certain  
3 criteria that's in here as well?

4 MS. CUNZEMAN: No, not in this one. No.

5 MS. KAISER: To make sure everybody  
6 meets it, even basic criteria?

7 MS. CUNZEMAN: There's some basic --  
8 minimum. You have to have criminal background  
9 checks, but not everybody provides all the fringe

10 benefits as some other people do.

11 wait a minute, one at a time.

12 MS. KAISER: I know I had scanned it  
13 briefly and I just wanted to ask again.

14 MS. CUNZEMAN: Yes.

15 MS. TOMARCHIO: Linda Tomarchio, Options  
16 for Senior America. I note in here under the aide  
17 qualifications that you say prior to them starting  
18 they have to have a six-month background check.  
19 Now, if someone new would come to you as a CNA and  
20 they're coming to you to apply, we always do  
21 background checks when they first come, but you

□

71

1 would have to wait six months to place them on the  
2 case?

3 MS. CUNZEMAN: No, no. What that meant,  
4 I guess some people come --

5 ATTENDEE: Could you repeat the  
6 question?

7 MS. CUNZEMAN: The question has to do  
8 with background check, when you hire some --  
9 background check. I guess what happens is for the  
10 most part when you hire somebody you're going to  
11 get a background check right then and there.  
12 You're going to get one right away and you'll have  
13 one current, but there's been occasion when someone  
14 is using one, say somebody just left another agency  
15 and they just had it done six months ago and they  
16 want to bring it to you, but for the most part most

17 people won't accept that, just like the Board of  
18 Nursing now who's randomly picking people to do  
19 criminal background, they will only accept  
20 background checks from one agency, so. That's  
21 fine. No. You have to have a background check

□

72

1 prior, but it can't be more than six months old,  
2 that's what that is. But for the most part people  
3 do their own right then and there when they're  
4 hiring someone. Yes, sir.

5 MR. ADEDIRE: My name is Dimeji from  
6 Probity Health, Incorporated. I'm going back to  
7 the living wage for Baltimore City and Baltimore  
8 County, the level is 11.72. If you factor in  
9 employment taxes, that will be like \$12.79 that's  
10 actually going to the CNA per hour. So what  
11 minimum bid any contractor can, can make to you  
12 before you consider that to be serious?

13 MS. CUNZEMAN: I'm, I don't understand  
14 quite your question.

15 MR. ADEDIRE: Okay. I'll explain it.  
16 What I'm saying is this, okay. The base rate is  
17 11.72, right. Okay. So if you factor in  
18 employment taxes, like unemployment taxes, Social  
19 Security, Medicare or something like that, it comes  
20 to 12.79 an hour, right, so by the time you put in  
21 administrative costs monthly and all those stuffs

□



1 into it, so we might be like talking about maybe  
2 15, 17 dollars and we're talking about profits now.  
3 So what is the minimum hourly rate a company can  
4 quote to you and we look at it and we think this  
5 makes sense or is it not --

6 MS. CUNZEMAN: There is no minimum rate.  
7 You're going to determine what your costs are going  
8 to be. You have to pay your employees the living  
9 wage, okay. That's what you guarantee and, you  
10 know, it's really costing you more than what that  
11 living wage is. Say it's costing you \$17. So you  
12 might put in a bid factoring in \$25 an hour. I  
13 don't know.

14 MR. ADEDIRE: No, I don't want to price  
15 myself out.

16 MS. AVALLONE: Well, we can't figure  
17 that in. You have to figure that out yourself.

18 MS. CUNZEMAN: We can't figure that out.  
19 From past history, let me tell you, people thought  
20 that by bidding low they'll get more business.  
21 Doesn't necessarily work. That's what people are

□

1 facing now under this contract. They're losing  
2 money because they bid low. You can't. You know.  
3 You're all hearing this, you all should be  
4 practical. You shouldn't try to lower your bid.  
5 You have to be practical. That's what I'm trying

6 to reiterate with you, is that what is it costing  
7 you to put that person in there? You've gotta  
8 start from there and then go up.

9 MR. ADEDIRE: Right.

10 MS. CUNZEMAN: You can't go well, if I  
11 bid 15 they're going to call me all the time.  
12 sure, we'd like that, but can you provide a quality  
13 service with that amount?

14 MS. AVALLONE: Can you stay in business  
15 with that amount?

16 MS. CUNZEMAN: Can you stay in business?  
17 You gotta look at yourself too. We like the low  
18 prices but let's be practical. You have to  
19 survive. We don't want to put you out of business  
20 because you think you're going to get -- so.

21 MR. WEGLEIN: Jeff Weglein with

□

75

1 Elizabeth Cooney. In reference to the living wage  
2 and trying to factor in as we're talking about  
3 11.72 is the living wage now --

4 ATTENDEE: Can you speak up so people  
5 can hear your question?

6 MR. WEGLEIN: In reference to the living  
7 wage, currently it is \$11.72. This contract is a  
8 five-year contract. What is the anticipation for  
9 the rates changing for the living wage, is that  
10 going to be on an annual bump-up, is that --

11 MS. AVALLONE: That is decided through  
12 the Department of Labor, Licensing and Regulations,

13 they inform us of the change.

14 MR. WEGLEIN: Is that done on an annual  
15 basis?

16 MS. AVALLONE: It may be changed, it may  
17 not be. It was done this time, it may not be done  
18 the next time.

19 MR. WEGLEIN: Anticipating that the  
20 living wage has to be met, so the contract is a  
21 five-year contract, so in year three for instance

□

76

1 we need to anticipate that that wage would possibly  
2 go to 11.95, \$12?

3 MS. AVALLONE: Possibly. Yeah.

4 MS. TOMARCHIO: Linda Tomarchio, Options  
5 for Senior America. I think that we also have to  
6 realize that we have to include the nurse, the RN  
7 assessment, original assessment and also them come  
8 back every 60 days, so that has to be taken into  
9 consideration.

10 MS. CUNZEMAN: It's what it costs you to  
11 put that aide in the home, the total cost,  
12 administrative cost, fringe, you know, whatever. I  
13 mean that's your base to determine what you're  
14 going to decide what your bid is going to be and  
15 then you're going to go up from there. There's a  
16 question over here.

17 MS. BANKOLE: My name is Folu Bankole,  
18 F-O-L-U, from Living Waters Residential Services in  
19 Catonsville. My only question is in the process of

20 elimination when you, when we submit the bid, we're  
21 looking at a five-year contract and is there any

□

77

1 consideration for the cost of living over five  
2 years period because five years ago -- I'm sorry,  
3 my question is we're looking at a five-year  
4 contract and for the current providers, whatever  
5 the bid was five years ago and considering the cost  
6 of living where we are now, if I submit a contract,  
7 I mean a particular price range now, because I'm  
8 low you pick me and in five years period am I going  
9 to be able to survive looking at the cost of  
10 living? Because cost of living at any point in  
11 time in the clause of the contract is not, there's  
12 nothing talking about adjustment as far as that is  
13 concerned in the package that we got. Is there  
14 something that can be done to be considered?  
15 Because five years is a long time, we don't know  
16 what five years in this present economy is going to  
17 be. If it's \$17 now and I have aides, maybe you  
18 pick me, and four, five years ago -- I mean three  
19 years from now \$17 is nothing, it can't buy  
20 McDonald. I'm going to lose business.  
21 MS. CUNZEMAN: Well, you're going to

□

78

1 have to try to figure that out and when you submit  
2 your bid approximately estimate what it might cost

3 you to put that aide in in five years.

4 MS. BANKOLE: Well, that's part A. Part  
5 B. When you developing a contract, five years, I  
6 think cost of living should be factored in, cost of  
7 living adjustment should be considered in the  
8 package just for sake of a lot of time.

9 MS. CUNZEMAN: Well, this is the way the  
10 contract was set up and if it doesn't meet your  
11 specifications or you feel you can't really bid  
12 adequately or accurately on it, then, then you  
13 don't submit a bid. That's the only thing I can  
14 say at this point. Yes, sir.

15 MR. KAMARA: Stanley Kamara from First  
16 Care Nursing. Is there any way to lobby?

17 MS. CUNZEMAN: I didn't hear that. Is  
18 there any way you can?

19 MR. KAMARA: Lobby.

20 MS. CUNZEMAN: Lobby?

21 MS. ADERINOKUN: Good morning, my name

□

79

1 is Gloria Aderinokun, A-D-E-R-I-N-O-K-U-N, company  
2 name is the Ultimate Health Services. How many  
3 contracts are you going to be awarding?

4 MS. CUNZEMAN: Whoever -- we can, we  
5 will order -- we will award as many as people  
6 qualify.

7 MS. ADERINOKUN: So there's no cutoff,  
8 like you're going with five and --

9 MS. CUNZEMAN: No cutoff.

10 MS. LADOTA: Cheryl Ladota, Family and  
11 Children's Services. I have a couple questions  
12 about the actual bid submission. Number one,  
13 there's a statement in there that you have to  
14 include all licenses. And I know you need to  
15 include your HHA or RSA, but what about, do we have  
16 to include copies of all of our CNAs' and RNs'  
17 licenses?

18 MS. CUNZEMAN: At the time of the bid.

19 MS. LADOTA: At the time of the bid?

20 MS. CUNZEMAN: Right. At the time of  
21 the bid.

□

80

1 MS. LADOTA: Number two, if you're  
2 submitting bids for multiple jurisdictions and  
3 there's a statement in here about economy and  
4 trying to be concise, do you have to include all of  
5 the supporting documentation with every one, so  
6 three audited financial statements in every packet?

7 MS. AVALLONE: Yes.

8 MS. LADOTA: And there's five copies of  
9 all of those things.

10 MS. AVALLONE: Yes.

11 MS. LADOTA: One more bid submission  
12 question. References, it says that the references  
13 can be up to three years old, but then it also says  
14 that they have to be sent in sealed envelopes along  
15 with the bids. There's only -- there's less than  
16 10 days at this point. Can we use references that

17 are less than three years that aren't in sealed  
18 envelopes?

19 MS. AVALLONE: No. We'll prefer it that  
20 way. Also, I was going to mention this at the end  
21 of this conference, that this will probably be

□

81

1 extended. we'll be putting out an addendum  
2 probably by Tuesday letting you know the date and  
3 time and when they will be opened. It will  
4 probably be closer to around the June 1st, but do  
5 check the Internet and eMarylandMarket. Due to  
6 internal clarifications that we have to do before  
7 we put out any questions and answers, it takes  
8 longer, the AG's office takes a longer time  
9 reviewing them because we have a lot of things  
10 going on, so this is why we'll probably be  
11 extending it. As we go through here today it  
12 probably definitely will be June 1st, but check  
13 that, check your system to make sure. It should be  
14 out there on Tuesday. Once I get the clarification  
15 with Sherryl and we verify everything we need and I  
16 get it put out, it will be probably June the 1st.  
17 That will give everybody I think more than ample  
18 time. During thinking of what's been going on and  
19 how things are going, it would be best to do it  
20 that way, give everybody a little extended time.  
21 we thought about what kind of questions are going

□

1 to be asked and who we would have to go through to  
2 get these answers. So we want to give everybody a  
3 fair chance and it will probably be June 1st, but  
4 like I said, check the system on Tuesday. Yes,  
5 ma'am. Your name, please.

6 MS. ADERINOKUN: Gloria Aderinokun,  
7 Ultimate Health Systems. I had a question about  
8 the references. You guys want three. Does it have  
9 to be for, can it be individuals that we service or  
10 does it have to be like a company or an agency?

11 MS. AVALLONE: It can be either one, a  
12 company or a personal reference. Is that what you  
13 want?

14 MS. CUNZEMAN: Oh, reference, yes.  
15 whoever you had past experience, your business as  
16 providing service to be your reference, yes.

17 MS. ADERINOKUN: Okay. Okay.

18 MS. CUNZEMAN: That's the best  
19 reference.

20 MS. AVALLONE: Yes, ma'am. State your  
21 name and stand, please.

□

1 MS. WATERS: Madeline Waters, ShoreUp.  
2 So what you're saying is it's a possibility that  
3 it's not going to be June -- Monday the 11th?

4 MS. AVALLONE: No, it probably, it will  
5 be June the 1st.



6 MS. SANTANA: Maria Santana from FB&O  
7 Agency. I would be traveling on Saturday so I'm  
8 going to submit mine on Friday, so I want to know  
9 if I need it before that, I have to extend the time  
10 so I don't have to hurry to get my paperwork  
11 together. You said you're going to send something  
12 on Monday?

13 MS. AVALLONE: Will you have your  
14 computer with you or something?

15 MS. SANTANA: I will have my computer  
16 but I will have to submit my paperwork before I  
17 leave, I won't be in Maryland, I won't be in  
18 Baltimore.

19 MS. AVALLONE: You won't be back until  
20 after --

21 MS. SANTANA: Yes, I won't be back. I

□

84

1 originally got my paperwork together and was going  
2 to submit it on Friday, but if you're posting  
3 something on Monday I would like to extend the  
4 time.

5 MS. CUNZEMAN: You'll know by this  
6 Tuesday, May 5th.

7 MS. SANTANA: Oh. That's fine. I  
8 thought it was the following.

9 MS. AVALLONE: Oh, no, I would never  
10 wait until after that.

11 MS. CUNZEMAN: No. You will know  
12 Tuesday May 5th when this contract will be extended

13 from May 11th possibly to June 1st.  
14 MS. SANTANA: Thank you so much.  
15 MS. AVALLONE: Yes, sir.  
16 MR. ABEYA: My name is Ed Abeya with  
17 Encore. I want to go back to the requirements  
18 again. We just got our MBE, I'm not trying to  
19 advertise that I'm MBE, but my question, do I still  
20 have to fill out those forms even though -- and I  
21 have to put in 10 percent to another MBE?

□

85

1 MS. AVALLONE: Yes.  
2 MR. ABEYA: Really? Interesting.  
3 MS. AVALLONE: You cannot use yourself  
4 as an MBE.  
5 MS. SANTANA: Maria Santana from FB&O  
6 again. If your husband has the MBE company could  
7 you use him?  
8 MS. AVALLONE: What's that?  
9 MS. SANTANA: My husband has an MBE  
10 company.  
11 MS. AVALLONE: It's a separate company?  
12 MS. SANTANA: Yes. Could I use him?  
13 MS. AVALLONE: Yes, because he has his  
14 own ID.  
15 MS. SANTANA: And the second part of the  
16 question is could I give it to two people, MBE  
17 participants, like 5 percent to someone and 5  
18 percent to someone else?  
19 MS. AVALLONE: Yes, as long as you meet

20 the 10 percent.

21 MS. CUNZEMAN: I suggest you keep it to

□

86

1 a minimum, because you have to send in reports  
2 every month for an MBE. We have one vendor that  
3 was using like 10 and she had to send like 20 of  
4 these forms in every month. So you pick, once you  
5 identify your MBE, pick the ones that you think  
6 that you do the most business with.

7 ATTENDEE: We can't hear.

8 MS. CUNZEMAN: I've talked to other  
9 people about MBE. When it comes to MBES, you know,  
10 you, first look at the companies you are using now  
11 for medical supplies, advertisement, whatever, find  
12 out if they're MBE. If they're willing to work  
13 with you, you know, you need an MBE to, to work  
14 with for this contract, you have it made. If  
15 you're not you can look on Maryland Department of  
16 Transportation website to find out who the MBES  
17 are. Okay? So you pick a business with something  
18 that you know you're going to use during the course  
19 of this contract and you would pick a service or,  
20 that you would most use, like is it stationery, is  
21 it for advertisement, business cards, is it for

□

87

1 gloves, medical supplies, they're the best ones  
2 usually. Somebody does a background check for you,  
Page 67

3 that could be one. I'm trying to think whatever.  
4 There's different people that you can use so I  
5 would select one or two, maybe three, not more than  
6 that really, but it's up to you. We'll accept it,  
7 but that you think you're going to do the most  
8 business with for your overall business.

9 MS. KAISER: Anne Kaiser with Home  
10 Instead. Where do we get that list again that  
11 shows --

12 MS. CUNZEMAN: Yeah, it's with the MDOT,  
13 [www.mdot.state.md.us](http://www.mdot.state.md.us).

14 MS. ETOH: And this individual can be a  
15 relative?

16 MS. AVALLONE: It can be.

17 MS. CUNZEMAN: If they're a legitimate  
18 MBE.

19 MS. GRAY: State certified.

20 MS. CUNZEMAN: State certified, yes, but  
21 if you own several companies you cannot use your

□

88

1 other companies to be your MBE. So if you're going  
2 to, if you're the home health agency but you also  
3 have another agency under another name that's an  
4 MBE, you cannot use them because you own that too.  
5 Okay?

6 MS. WILSON: My question is why is that?  
7 Because that's not even the same way with Maryland  
8 Department of Transportation. I mean if you're an  
9 MBE and you have one business that does one thing

10 and you have another business that does another  
11 thing, I mean for Maryland Department of  
12 Transportation to certify you as an MBE, that did  
13 not cross their barriers as far as qualifications,  
14 so why does it make a difference? And I'm saying  
15 that for me because I know with our agency we have  
16 two agencies that are MBE certified by the state of  
17 Maryland but one does one thing and one does  
18 another thing. So I'm not understanding why you  
19 all would have --

20 MS. CUNZEMAN: I'm not the MBE  
21 specialist, I've only been told this.

□

89

1 MS. AVALLONE: E-mail me that question.  
2 I'll give it to the woman that specializes in it.  
3 I've never had that come up before.

4 MS. WILSON: Yeah, because I know we do  
5 it all the time with Maryland Department of  
6 Transportation, that's why I was wondering was  
7 there a problem.

8 MS. AVALLONE: It's never come up at any  
9 other conference.

10 MS. WATERS: Madeline Waters. When you  
11 have the MBE, and on the shore it's very few, you  
12 all know that, but my question is you provide the  
13 service but we have a hell of a time getting that  
14 report, so if we send it to you and we have not  
15 gotten it in our hands, do we send and write on  
16 there that we have not received it and it will be

17 late, or what do we do in that case?

18 MS. CUNZEMAN: You need to --

19 MS. WATERS: Report it, huh?

20 MS. CUNZEMAN: Anytime you have any  
21 problems with your MBE you need to contact Donna

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90

1 Foster. I would contact her, I would put it in  
2 writing and you can cc me, or cc Sherryll Gray.

3 MS. WATERS: What is it?

4 MS. CUNZEMAN: Donna Foster at  
5 Department of Human Resources, 311 West Saratoga  
6 Street, Baltimore, Maryland 21201 and she's the MBE  
7 specialist, and cc Sherryll Gray --

8 MS. WATERS: Thank you.

9 MS. CUNZEMAN: -- in my office, who is  
10 right there. And then we're aware of it and we can  
11 follow up, but the best thing is to put it in  
12 writing.

13 MS. WATERS: Even then it's going to  
14 take us a while to do that, so in the meantime --

15 MS. CUNZEMAN: The big word is good  
16 faith effort. Okay. Got it?

17 MS. ADERINOKUN: Gloria Aderinokun,  
18 Ultimate Health Services. If we have an RSA my  
19 basic question is does the company itself need to  
20 be MBE certified or just contracted with other  
21 companies who are MBE certified?

□

1 MS. AVALLONE: Yes. Yes, sir. Your  
2 name.

3 MR. LOEWEN: Ethan Loewen from First  
4 Care Nursing Services. And just to clarify, so if  
5 we're going to use an MBE contractor, first off  
6 where do we find the MBE contractor? You said that  
7 was from the DLLR website?

8 MS. AVALLONE: No, it's from the  
9 Maryland Department of Transportation.

10 MR. LOEWEN: Then do we need to get a  
11 letter from them saying we do business with them or  
12 just take it --

13 MS. AVALLONE: No, I think in here is a  
14 letter that you would submit to them that they  
15 agreed to be your MBE.

16 MS. CUNZEMAN: Part of the attachment,  
17 it's in there, they sign off saying they have  
18 agreed, they're contracting with you to be your  
19 MBE.

20 MR. LOEWEN: All right. Thank you.

21 MS. CUNZEMAN: And that's why if you

□

1 have problems we can go back to them and say you're  
2 a certified MBE, you agreed to provide these  
3 services and you're not, and it might put their MBE  
4 at risk.

5 MR. LOEWEN: Okay.

6 MS. AVALLONE: Yes.

7 MS. RIVERA: Rosa Rivera, Home Instead  
8 Senior Care. Did you already mention the amounts  
9 of these awards, specific amounts for each one or  
10 is it just are we bidding to get on your list?

11 MS. CUNZEMAN: You're bidding to get on  
12 our list, there's no guaranteed dollar amount with  
13 this.

14 MS. RIVERA: I got a bid last time, I  
15 got awarded a bid, my bid got awarded and there was  
16 an amount for five years.

17 MS. CUNZEMAN: It's the ceiling, the  
18 maximum amount you can get.

19 MS. RIVERA: Are you doing anything like  
20 this at this time?

21 MS. CUNZEMAN: Before they submit it,

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93

1 no.

2 MS. RIVERA: No, no, before. Once you  
3 get awarded you get the letter where you say you  
4 were selected and this is the amount?

5 MS. CUNZEMAN: Yes, you will get an  
6 amount, yes.

7 MS. RIVERA: You're going to be awarded  
8 and after that it's all a matter of luck, whether  
9 this, exactly, they use you, they like you,  
10 et cetera?

11 MS. CUNZEMAN: The dollar amount is  
12 called a blanket purchase order once you're awarded



13 it. which means it can't exceed that amount during  
14 the contract period.

15 ATTENDEE: How much was that?

16 MS. RIVERA: It was \$700,000 and that  
17 was about seven years ago and I got the business  
18 about \$70,000 and I used to go once a week to the  
19 Department of Social Services and beg for business  
20 every week. I had people instead of mine --

21 MS. CUNZEMAN: Okay, listen. We're

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94

1 going to try to rectify that. Seven years ago  
2 there wasn't a program specialist in In Home Aide  
3 Services, I was in a local department and so I  
4 got -- I came downtown. So I know, I've been on  
5 both ends. Any problems like that, call me.

6 MS. RIVERA: All right.

7 MS. AVALLONE: Okay. Let's move on  
8 because we really -- if you have any questions  
9 e-mail them to me so that we can get clarification  
10 because there's a lot of things that came up here  
11 that were never brought up at other meetings and we  
12 do want to make sure everybody gets a fair share,  
13 so. Let's move on.

14 I'm going to go to Section 4, which is  
15 the Requirements for Bid Preparation. Okay. Bid  
16 submission, bidders proposing to serve more than  
17 one jurisdiction must submit to the issuing office  
18 an original to be so identified and five copies of  
19 each bid. Each bid must be submitted in separately

20 sealed envelopes. Include on the envelope the  
21 bidder's name, solicitation title, jurisdiction to

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95

1 serve and bid due date and time. Do not change or  
2 alter any state attachment or your bid will be  
3 rejected. Plus I'll come over.

4 The checklist, there is a checklist,  
5 Attachment bb. It must be completed and placed in  
6 the front of each bid. The checklist is included  
7 for the benefit of the bidder to ensure that all  
8 documents pertaining to this IFB are completed and  
9 included in each bid. The failure of the bidder to  
10 complete accurately and submit the required  
11 documents will result in a determination that the  
12 bid is not responsive and not eligible for reward.

13 Transmittal page. A transmittal page,  
14 which is Attachment T, must accompany the bid. An  
15 individual who is authorized to bind his or her  
16 firm to all statements, including services and  
17 prices contained in the bid, must sign the  
18 transmittal letter. The transmittal page must also  
19 acknowledge any addendum to the IFB as received.  
20 So if you send this transmittal letter you have to  
21 also acknowledge, like if we're going to do an

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96

1 addendum to the extension of the time for this, you  
2 have to put in there that you acknowledge all this

IFB Transcript 5-1-09

3 information and you have to say and attachment, and  
4 Addendum 1 or Addendum 2, Addendum 3, however many  
5 go out, you have to put that in there.

6 A bidder shall be deemed to have  
7 accepted all the terms, conditions and requirements  
8 in the IFB unless otherwise clearly noted as an  
9 attachment to the transmittal page. A bid that  
10 takes exception to these terms may be rejected.

11 Single step sealed bidding. Each vendor  
12 shall complete a Bid Form, Attachment A, and Cost  
13 Sheet, Attachment A-2, which states the prices  
14 proposed in response to the IFB. A separate Bid  
15 Form and Cost Sheet must be completed for each  
16 jurisdiction that the bidder proposes to serve. An  
17 original plus five copies for each bid and each  
18 cost sheet. Bid Form, Attachment A, items 1  
19 through 5 have been completed by the department.  
20 All bidders must complete items 6 through 10 and  
21 must sign Attachment A.

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97

1 Cost Sheet, Attachment A-2, each Bid  
2 Form shall be accompanied by a Cost Sheet.

3 A, service (Column I, Rows A through D  
4 and Row F) reflect all billable services.

5 B, rates (Column II) entered on the Cost  
6 Sheet by each bidder shall be inclusive of any  
7 vendor fees, fixed or variable, associated with  
8 providing services on an hourly basis. The rates  
9 provided represent the actual hourly service fee to

10 be paid each contractor.

11 C, weight (Column III) reflects  
12 department's estimated (based on past experience)  
13 of the percentage of total service hours delivered  
14 annually within each of the IHAS service types.

15 D, Weighted Hourly Rate (Column IV)  
16 represents the hourly rates calculated by the  
17 bidder, weighted by the department's estimated  
18 frequency of service type provision.

19 E, Emergency/Weekend Supplement (Column  
20 IV, Row F) calculates an addition to the hourly  
21 rate for services provided on an emergency or

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98

1 weekend basis.

2 F, Composite Weighted Hourly Rate  
3 (Column IV Row G) provides the formula to determine  
4 the Composition Weighted Hourly Rate (sum of Column  
5 IV, Row E and F) that will be used to determine the  
6 basis for award per jurisdiction.

7 Okay. Statement of Bidder's  
8 Qualifications. A description of the bidder's  
9 qualifications shall clearly show the company  
10 history, organizational structure and ownership,  
11 including relationships to any parent firms, sister  
12 firms or subsidiary firms; organization chart  
13 detailing specific roles, responsibilities and  
14 labor category for key staff proposed to be  
15 assigned; and any related experience.

16 Under personnel, okay. This section

17 shall include job descriptions and individual  
18 resumes for the personnel who are to be assigned to  
19 this project if the bidder is awarded the contract.  
20 Indicate the role or assignment that each  
21 individual is to have in this project. The project

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99

1 manager and any other key personnel identified in  
2 the bid are considered to be essential to the work  
3 being performed under this IFB. Prior to diverting  
4 any of the specified individuals to assignments  
5 other than this project, the contractor selected  
6 shall notify the department of its intent at least  
7 30 days in advance and shall submit justification,  
8 including proposed substitutions, in sufficient  
9 detail to permit evaluation of the impact on the  
10 project. No diversions shall be made by the  
11 contractor without written consent of the  
12 department. Replacement of any personnel,  
13 individual -- excuse me. Replacement of any  
14 personnel, including personnel who leave the  
15 employment of the contractor, shall be with  
16 personnel of equal ability, qualifications and  
17 experience.

18 I'm getting dry. Okay. The references,  
19 the reference must be three reference letters from  
20 current or previous customers to support the bid.

21 MS. GRAY: Fran. We already discussed

□

1 that.

2 MS. AVALLONE: Okay. This part I know.  
3 Past contracts with the state of Maryland. You  
4 have to identify any contracts that you had prior  
5 or now with the state, prior within the last five  
6 years, you have to tell us what they are. And the  
7 financial responsibilities, you are responsible for  
8 telling us it could be -- you have to have all the  
9 financial statements done prior to reporting,  
10 current balance sheets, successful and financial  
11 track records, line of credit from a financial  
12 institution and evidence of adequate working  
13 equity.

14 MS. WORKMAN: Rhonda Workman, Elizabeth  
15 Cooney. Is that an and or an or? It says or.

16 MS. AVALLONE: Or. Sometimes we get  
17 lots of information, sometimes we don't get any.  
18 Okay. And I don't know, I could read the  
19 evaluation process but we've already discussed that  
20 and how that's going to work. We'll open the bids  
21 within an hour after we've received them.

□

1 MS. LADOTA: Cheryl Ladota, Family and  
2 Children's Services. On Attachment A you had said  
3 that Sections 1 through 5 would be filled out by  
4 the department and number 5 is not. Can we just  
5 write it in or can you send --

6 MS. AVALLONE: Yes, you can write it in.

7 MS. LADOTA: You forgot to put the  
8 solicitation --

9 MS. AVALLONE: Okay. You can fill that  
10 out. I'm sorry.

11 MS. LADOTA: No, that's okay.

12 MS. AVALLONE: The bids will be open  
13 within an hour after we receive them. If you want  
14 to be -- it's open to the public, you can be there  
15 when they are open and you can see what everybody  
16 else has bid.

17 ATTENDEE: Where will this be held?

18 MS. AVALLONE: 311 West Saratoga,  
19 downtown. The bids will probably be the same time  
20 frame, 12 o'clock June 1st, 1 o'clock we'll be  
21 opening the bids. If you're hand delivering them,

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102

1 because we will have a room on the first floor, you  
2 can go over there and sit and wait because we'll be  
3 putting things together as we open them. I've  
4 never done this before, I don't know if we're going  
5 to break it down by jurisdiction or, or company,  
6 so. We'll have to see how many come in, but it  
7 will be right there on the first floor, and any  
8 that we receive prior to that will be there too. I  
9 mean it's not like we're going to leave you behind.

10 Any questions? I know this has been a  
11 long day for everybody. Yes.

12 MR. LOEWEN: Ethan Loewen, First Care

13 Nursing Services. Just to clarify, in order to  
14 qualify for the bids we need to have a line of  
15 credit? Is that a requirement of the bid?

16 MS. AVALLONE: Well, you have to show us  
17 that you have ample financial --

18 MR. LOEWEN: Okay. But a line of credit  
19 isn't necessarily needed?

20 MS. AVALLONE: No. It's one of the --  
21 there's like a list of things.

□

103

1 MR. LOEWEN: Do you want a balance  
2 sheet, is that the idea?

3 MS. AVALLONE: Do you have an audit  
4 done? That would be considered. whoever your  
5 accountant that comes in and does your audit and  
6 they do that.

7 MR. LOEWEN: All right. Thank you.

8 MS. AVALLONE: Anybody else? Okay.  
9 We're going to end and everybody is going hurray.  
10 Thank you all for coming.

11 MS. GRAY: Fran, explain about the  
12 recording of this.

13 MS. AVALLONE: Oh, they don't have to  
14 obtain it, it will be out on eMaryland -- when the  
15 questions and answers go the transcript will be  
16 attached to it, so, what she's doing here when she  
17 sends it to me, when I put the questions and  
18 answers out on eMarylandMarket and DHR.net, the  
19 transcript will also be with it.



20 IFB Transcript 5-1-09  
(Proceedings adjourned at 12:05 p.m.)

21 \*\*\*\*\*

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104

1 STATE OF MARYLAND  
2 COUNTY OF CARROLL

3 I, Sharon A. Beaty, a Notary Public in  
4 and for the State of Maryland, County of Carroll,  
5 do hereby certify that the foregoing is a true and  
6 accurate transcript of the proceedings indicated.

7

8

9 Sharon A. Beaty, Notary Public

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